

(fold)

Form Approved: OMB No. 1512-0007 (05/31/98)

**DEPARTMENT OF THE TREASURY**  
**BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**  
**INTERSTATE FIREARMS SHIPMENT REPORT OF THEFT/LOSS**

	NAME	ADDRESS			TELEPHONE NO.		
SHIPPER					(Area Code)		
CONSIGNEE					(Area Code)		
CARRIER					(Area Code)		
SHIPPER/CARRIER (Claim or Investigation No.)				DATE SHIPPED		NAME OF REPORTING COMPANY	
FIREARM(S) DESCRIPTION: UTILIZE ATTACHMENT IF ADDITIONAL SPACE REQUIRED.					SIGNATURE AND TITLE OF PERSON MAKING REPORT		
TYPE	MANUFACTURER	MODEL	CALIBER	SERIAL NO.			
					DATE	TELEPHONE NO. (Area Code)	

**INSTRUCTIONS:** Report losses promptly. Fold card, staple closed and mail. Direct telephone inquiries to Washington, D.C. (800-424-9555) Firearms Interstate Theft Program Manager

**PAPERWORK REDUCTION ACT NOTICE** - This request is in accordance with Section 3507, Public Law 96-511, December 11, 1980. The information collection documents reports of theft or loss of firearms experienced by common carriers in interstate shipment. ATF uses the information to investigate and perfect criminal cases. The information requested is voluntary.

The estimated average burden associated with this collection of information is 20 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Information Programs Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**ATF F 3310.6 (11-94) PREVIOUS EDITIONS ARE OBSOLETE** (fold)

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BUREAU OF ALCOHOL,  
TOBACCO AND FIREARMS

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FIREARMS ENFORCEMENT DIVISION  
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